



Confined Animal Feeding Operation Request for Approval Transfer

(Required Form)

To submit a request to have your Confined Feeding Approval transferred to another party, this form must be completed, signed, dated, and returned 45 days prior to the date of transfer to:

Jerome Rud, Chief
Solid Waste Permits Section
Office of Land Quality
Indiana Department of Environmental Management
100 North Senate Avenue
P.O. Box 6015
Indianapolis, Indiana 46206-6015

Current Approval Number, AW-_____ (or) Log Number _____

Date of Approval Issuance: _____

Location of Operation (mailing address or nearest crossroads) _____

County of Operation: _____ Section: _____ Township: _____ Range: _____

If any of the above information is unknown, contact your Local County Extension Agent or IDEM at 317/232-4473.

TRANSFEROR INFORMATION:

(Print clearly)

Name of Transferor (or Current Permittee)

Current Name of Operation (if any)

Mailing Address of Transferor

Phone Number (with area code)

TRANSFeree INFORMATION:

(Print clearly)

Name of Transferee (or New Permittee)

New Name of Operation (if any)

Mailing Address of Transferee

Phone Number (with area code)

Date of Transfer _____

EXISTING VIOLATIONS

List below all existing, outstanding violations that apply to this farm, including violations documented in any letter from IDEM's Agricultural and Solid Waste Compliance Section or the Office of Enforcement for which a "Notice of Violation" has been issued, a "Commissioner's Order" has been issued, or an "Agreed Order" has been entered into. List the case number (if applicable) for each violation, and provide a brief explanation of who will be responsible for correction of each violation upon transfer of the facility.

VIOLATION

CASE NUMBER

RESPONSIBILITY FOR CORRECTION

I hereby certify that to the best of my knowledge, the above information is accurate and request that Confined Feeding Approval Number, AW-_____, and all conditions listed therein, be transferred to the party named above as the new owner and responsible party. Additionally, in order to maintain a valid Approval, I know that the new owner must submit a Manure Management Plan Update form once every five (5) years.

Transferor's Signature

Date

Transferee's Signature

Date

STATE OF INDIANA (Notarizing Optional)

COUNTY OF _____

Before me as a Notary Public in and for said County and State, personally appeared _____
and being duly sworn by me upon oath, says that the facts stated in the foregoing instrument are true.

Signed and sealed this _____ day of _____, 20____.

Signature: _____

Printed: _____

My Commission Expires: _____

Residence of _____ County